

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14457**  
Registrar's No. **3917**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2129**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital**  
10. STREET ADDRESS (If rural, give location) **5577 Delmar Blvd., 8**

3. NAME OF DECEASED a. (First) **ARTHUR** b. (Middle) **J.** c. (Last) **MAYER** 4. DATE OF DEATH (Month) (Day) (Year) **Apr. 25, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **October 22, 1895** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months **6** IF UNDER 12 HRS. Days **3** Hours **3** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Candy Manufacturer** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Bernhardt Mayer** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Hertha J. Mayer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. A. J. Mayer-5577 Delmar Blvd.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Obstruction**  
ANECEDENT CAUSES **Coronary Artery Disease**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Hypertension**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Chronic Nephritis**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **No** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **HVFX**

22. I hereby certify that I attended the deceased from **Aug 18, 44** to **April 25, 1951**, that I last saw the deceased alive on **April 24, 1951**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Arthur J. Mayer M.D.** 23b. ADDRESS **539 N. Grand** 23c. DATE SIGNED **4/25/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/26/51** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **APR 28 1951** REGISTRAR'S SIGNATURE **J. B. Casator** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Funeral Home of St. Louis - 5216 Delmar**

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

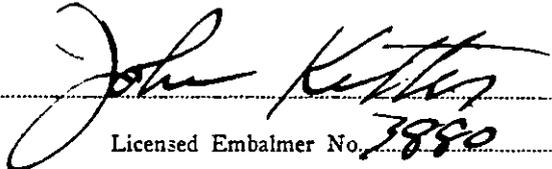
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

  
Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.